

Abstract 290

TITLE: Critical Issues in the Prevention of Perinatal HIV Transmission: A Statewide Survey of Missouri Prenatal Care Providers

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BACKGROUND/OBJECTIVE: It is not currently known if recommended interventions to reduce perinatal transmission of HIV are being utilized by Missouri prenatal care providers and accepted by their patients. A statewide survey of these providers using a specific survey method was conducted to assess current beliefs and practices relative to prevention of perinatal HIV transmission.

METHOD: The study was conducted over a 3-month period in early 1998 using a mail survey approach called the "total design method." Addresses were obtained from state licensing boards for obstetrician/gynecologists (OBGs), general/family practice physicians who reported delivering infants (FPs) and advanced practice nurses who identified obstetrics/gynecology as their area of interest (APNs). Using unique identifiers, these providers were sent a 29-item self-administered questionnaire on beliefs and practices relative to prevention of perinatally transmitted HIV infection.

RESULTS: Responses were received from 70.0% (389) of OBGs, 72.4% (92) of FPs, and 88.0% (191) of APNs. Only the 545 respondents who indicated they provide care to pregnant women (338 OBGs, 84 FPs, 123 APNs) were included in the analysis. While 90.6% of these respondents agreed that all pregnant women should receive HIV education and counseling as part of routine prenatal care, only 60.7% believed providers should be required to provide such education and counseling. Similarly, 95.0% agreed that all pregnant women should be offered HIV testing, but only 49.0% believed testing should be mandatory. A high proportion of respondents (82.6%) indicated that all pregnant women to whom they provide care are routinely offered HIV testing, but only 63.5% reported that 75% or more of the women offered testing agreed to be tested. When respondents were asked which factors impair or preclude implementation of a comprehensive HIV education and testing program in their practices, 66.8% indicated limited staff time, and 37.6% indicated there was no need for such a program because their patient populations were at low risk for HIV infection.

CONCLUSIONS: Most respondents agreed that all pregnant women should routinely receive HIV education and counseling, and be offered HIV testing. There was less support for requiring provision of such education, or for making HIV testing of pregnant women mandatory. Although most respondents indicated that all of their pregnant patients are offered HIV testing, the proportion agreeing to be tested is often lower than has been reported in some studies, and may reflect a need for education of providers regarding how to present HIV testing to their patients. Providers also appear to need assistance in developing ways to provide, in a time-efficient manner, HIV education and counseling to patients.

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